



APPLICATION for 2016 Community Development Block Grant (CDBG)

**Application Due Date
June 1, 2015
5:00 P.M.**

No applications will be accepted after the deadline.

Hardie Davis, Mayor

BOARD OF COMMISSIONERS

**Bill Fennoy, District 1; Dennis Williams, District 2; Mary Davis, District 3; Sammie Sias, District 4
Bill Lockett, District 5; Ben Hasan, District 6; Sean Frantom, District 7; Wayne Guilfoyle, District 8;
Marion Williams, District 9; Grady Smith, District 10**

**Administered By: Augusta Housing and Community Development Department
Hawthorne Welcher, Jr., Interim Director
925 Laney Walker Boulevard, 2nd Floor
Augusta, Georgia 30901
Telephone: (706) 821-1797 / Facsimile: (706) 821-1784**

Instructions and Important Notice:

1. Please thoroughly read the Application Guidelines prior to completing the application.
[Click here to view the Application Guidelines in a new window.](#)

2. All technical assistance regarding the application process should be directed to:

Augusta Housing & Community Development Department
Please note this email changed to: hcd_feedback@augustaga.gov
or
706-821-1797
no later than Monday, May 18, 2015.

3. All items marked with a **red asterisk*** are required.

4. You can stop and save your progress at any point in the application. Look in the bottom right corner for a save button. You will receive an e-mail with a link to resume where you previously left off.

5. All homeless service providers must develop a homeless service plan.

6. After submitting your application, you will receive an e-mail confirmation along with a copy of the data you submitted.

By checking this box, I acknowledge that I have read and understand the instructions above.

I agree

1. APPLICANT (agency)

Name

Title (if applicable)

Address

Telephone Number

E-mail

CONTACT PERSON

Name

Title

Address

Telephone Number

E-mail

2. PROJECT INFORMATION

Project Title

Proposed Location
(address or specific
description)

Total # of persons this project
will serve

How many low-to-moderate
income?

Which Consolidated Plan
priority does this project serve?
[See the Community
Improvement Program Design
here](#) (opens in a new window)

CDBG AMOUNT REQUESTED

TOTAL PROJECT COST

2a. Please check the Augusta-
Richmond County District(s) in
which your project or services
will be provided:

Bill Fennoy, District 1
Dennis Williams, District 2
Mary Davis, District 3
Sammie Sias, District 4
Bill Lockett, District 5
Ben Hasan, District 6
Sean Frantom District 7
Wayne Guifoyle, District 8
Marion Williams, District 9
Grady Smith, District 10

3. PROJECT ELIGIBILITY (see application guidelines AND refer to the 2016 Community Improvement Program Design, Pg 7)

1. Benefit to low/moderate
income persons (includes
elderly, handicapped &
homeless)

Community Facilities and Improvement - neighborhood centers, senior centers, recreational facilities, centers for the handicapped, public utility facilities, street improvements, storm sewers, flood and drainage facilities and solid waste disposal facilities

Development - Land Acquisition and disposition, relocation assistance and debris removal.

Rehabilitation - Rehabilitation of homes, public housing modernization, code enforcement, historic preservation, and removal of architectural barriers.

Economic Development - Public facilities rehabilitation, commercial and industrial facilities development, commercial and industrial property improvements.

Public Services - Employment, crime prevention, child care, health drug abuse, education, recreation, etc.

4. PROJECT BENEFIT (National Objectives) To be eligible for CDBG funding, a project must meet a national objective of the CDBG Program. From the two categories below, check the one (only one) under which the project qualifies:

1. Benefit to low/moderate income persons (includes elderly, handicapped & homeless)

On AREA basis?

Provide SERVICES to low/moderate income persons

Provide HOUSING to low/moderate income persons

Provide JOBS to low/moderate income persons

2. Prevention or elimination of slums and blight.

Prevention or elimination of slums and blight.

3. Urgent need
(for natural disasters)

5. PROJECT DESCRIPTION

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, WHAT you will fund with CDBG funds and WHEN will the project start and be completed, hours of operation, etc. (NOTE: More information is requested later; this space is for a brief overview of your project.) All homeless service providers must develop a homeless service plan. See [Program Design and CDBG Application Guidelines here](#).

WHAT will you do?

Targeted Clientele?

Attach documentation of how clientele is determined

WHY is this project needed?

WHERE will project/program operate?

HOURS & DAYS of operation?

WHEN will project/program start and end?

WHAT will federal funds be used for?

6. PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the requested CDBG funding. If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.), then indicate the % of beneficiaries that have each particular special need.

| | |
|-----------------------------------|-----|
| Low and Moderate Income Community | Yes |
| | No |

NOTICE: At least 70% of the grant must be used for activities benefiting low and moderate income persons.

Please do not continue this application.

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the requested CDBG funding. If serving special needs population group (e.g. elderly, disabled, HIV/AIDS, recovering substance abusers, mentally ill, etc.), then indicate the % of beneficiaries that have each particular special need. (Check the appropriate categories below.)

| | | | |
|--|-------------|----------|------------|
| Homeless: | Individuals | Families | Percentage |
| Elderly | Individuals | Families | Percentage |
| Frail Elderly | Individuals | Families | Percentage |
| Youths in General | | | Percentage |
| At-risk children and youths | | | Percentage |
| Specify type of risk | | | |
| Severe Mentally Ill | | | Percentage |
| Persons with disabilities | | | Percentage |
| Developmentally Disabled | | | Percentage |
| Persons with Alcohol/other Drug Addictions | | | Percentage |
| Persons with HIV/ADS | | | Percentage |
| Victims of Domestic Violence | | | Percentage |
| Veterans | | | Percentage |
| Dually Diagnosed Persons | | | Percentage |

7. PERFORMANCE OUTCOME MEASURES

The U. S. Department of Housing and Urban Development (HUD) is instituting performance measures to gather information to determine the effectiveness of programs funded with CDBG, ESG, HOME and HOPWA. Information obtained on the local level will be reported to HUD which will enable HUD to describe performance results at the National Level. HUD's outcome performance measurement system has three objectives and three outcomes which are listed below.

A. Select only one of the following that best fits your project objective:

Suitable living environment
Decent affordable housing
Creating economic opportunity

B. Select only one of the following that describes the outcome your project will achieve: (NOTE: Outcomes show how programs benefit a community or people served.)

Availability / Accessibility. (Applies to activities that make services, infrastructure, housing, shelter, or employment opportunities available or accessible to low income persons by improving or providing new services, etc.)
Affordability (Applies to making an activity more affordable for low income persons.)
Sustainability (Using resources in a targeted area to help make the area more viable or livable.)

8. ANTICIPATED PROJECT OUTCOMES

Complete the fields below to describe the most significant outcome(s) this project is expected to have on its participants for year 2016. Tell how many households or individuals will realize each outcome and how each outcome will be measured. Copy and attach to describe additional outcomes.

Outcomes: Outcomes are not the activities of the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include # of seniors remaining in their own homes, # of clients placed in permanent jobs with living wage; # of affordable housing units rehabbed or created. Include only major project outcomes supported by the requested funds.

Major Tasks: Outline the major tasks/activities to be conducted by this project (e.g. day services for seniors; job training/placement; site preparation/construction/rehab; etc.).

Outputs: Quantifiable products of each of the major tasks described e.g. # of seniors participating in day programs; # clients trained/placed/ # sites prepared; # of housing units constructed/rehabilitated.

Outcome Measurements: How will you measure outcomes? What follow-up tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated?

Outcome #1 Describe how participants will benefit and how many are expected to realize this outcome.
(2,000 character limit)

Major Tasks Necessary to Realize Outcomes
(2,000 character limit)

Outputs Resulting from Tasks
(2,000 character limit)

Outcome Measurements:
Describe evaluation tools,
methods and benchmarks to
measure achievement of this
outcome.
(2,000 character limit)

Outcome #2 Describe how
participants will benefit and how
many are expected to realize
this outcome.
(2,000 character limit)

Major Tasks Necessary to
Realize Outcomes
(2,000 character limit)

Outputs Resulting from Tasks
(2,000 character limit)

Outcome Measurements:
Describe evaluation tools,
methods and benchmarks to
measure achievement of this
outcome.
(2,000 character limit)

Attachment - any additional
outcomes

9. IMPLEMENTATION SCHEDULE.

Provide general time line for program implementation and expenditure of funds requested. If no activity for a particular month indicate N/A in boxes A, "0" in box B, and \$0.00 in box C.

JANUARY 2016

A. Status of Activity(ies) this
month:

B. Number of clients to be served this month

C. Grant Funds Expected to
be Expended this Month:

FEBRUARY 2016

A. Status of Activity(ies) this
month:

B. Number of clients to be served this month

C. Grant Funds Expected to
be Expended this Month:

MARCH 2016

A. Status of Activity(ies) this
month:

B. Number of clients to be served this month

C. Grant Funds Expected to
be Expended this Month:

APRIL 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

MAY 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

JUNE 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

JULY 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

AUGUST 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

SEPTEMBER 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

OCTOBER 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

NOVEMBER 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

DECEMBER 2016

A. Status of Activity(ies) this month:

B. Number of clients to be served this month

C. Grant Funds Expected to be Expended this Month:

10. PROJECT SITE - Please refer to 2016 Community Improvement Program Design [located here](#) on page 7.

A. Site Control: Indicate below the status of the project site and attach documentation of site control: (Applicant must own and obtain clear deed of property)

Applicant owns property:

Date acquired:

D. What is the projected total relocation cost?

Describe relocation plans,
including timetable, notifications
to seller and occupants.
(2,000 character limit)

12. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME/HOPWA funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, tops of toilet seats 17-19 inches (must meet ADA requirements) from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to ensure full access to funded facilities/programs, including serving the blind and deaf. (All must meet current ADA requirements) (see application guidelines AND refer to the 2016 Community Improvement Program Design, page 7)

| | |
|--------------------------------|---|
| Which type of project is this? | For Physical Improvement/Development Projects |
| | For Service Programs (Direct Services) |

| | |
|--|-----|
| Will completed project meet ADA standards for accessibility by the disabled? | Yes |
| | No |

| | |
|---|-----|
| Is facility in which program occurs in compliance with ADA accessibility standards? | Yes |
| | No |

If you responded "No" above,
describe accessibility problems
and methods to address
problems, including funding and
timetable:
(1,500 character limit)

13. EMPLOYMENT AND CLIENT PARTICIPATION

| | |
|--|---------------------------|
| Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services? | Yes, currently |
| | Not currently |
| | Willing to adopt practice |

| | |
|----------------------------------|-------------------------------|
| 14. TYPE OF FUNDING REQUESTED | Loan |
| | Grant |
| | Combination of Loan and Grant |

15. PROPOSED PROJECT BUDGET

There are two budget sections: A: Budget For Physical Improvement/Development Projects Only, and B: Budget for Service Projects Only. Please fill out the appropriate budget(s). Do not combine two or more distinct programs in one budget: Provide separate budgets for each separate program. (see [application guidelines AND refer to the 2016 Community Improvement Program Design](#), page 7)

A. Budget for Physical Improvement/Development Projects Only:

Include all items associated with implementing the activities described in the project.

*** Applicant should provide documentation showing evidence to the extent and firmness of commitments to complete proposed project/programs in a timely manner. CDBG funds should not be the sole source for the proposed projects/programs. HUD has implemented changes, in preventing activities from remaining open with no action for long time periods.

Acquisition

Total Project Amount (including CDBG) ***CDBG Portion Only

Demolition

Total Project Amount (including CDBG) ***CDBG Portion Only

Relocation

Total Project Amount (including CDBG) ***CDBG Portion Only

Architectural Services

Total Project Amount (including CDBG) ***CDBG Portion Only

Lead-based Paint Assessment/Abatement

Total Project Amount (including CDBG) ***CDBG Portion Only

Insurance/Bonding

Total Project Amount (including CDBG) ***CDBG Portion Only

Construction Management

Total Project Amount (including CDBG) ***CDBG Portion Only

Construction

Total Project Amount (including CDBG) ***CDBG Portion Only

*Other (specify) Please specify, if not specified, this line item will not be considered.

Total Project Amount (including CDBG) ***CDBG Portion Only

*Other (specify)

Total Project Amount (including CDBG)

***CDBG Portion Only

*Other (specify)

Total Project Amount (including CDBG)

***Total CDBG Portion Only

TOTAL PROJECT AMOUNT (including CDBG)

TOTAL CDBG PORTION ONLY

*****Attachment - documentation showing evidence to the extent and firmness of commitments**

B. Budget for Service Projects Only:

Include all items associated with implementing the specific activities described in the detailed project description, regardless of funding source. Include only the costs associated with the proposed activity.

STAFF SALARIES

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

STAFF FRINGE BENEFITS

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

RENTAL LEASE (ARC will not pay 100%)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

EQUIPMENT PURCHASE

(specify)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

MATERIALS/SUPPLIES

(specify)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

UTILITIES (specify)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

INSURANCE BONDING (ARC will not pay 100%)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

AUDIT (ARC will not pay 100%)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

SCHOLARSHIP ASSISTANCE

(indicate cost per person per session)

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

OTHER ELIGIBLE COSTS

(specify) If not specified this line item will not be considered.

CDBG \$'s Requested by this Proposal

Project \$'s from other Resources

TOTAL CDBG \$'s REQUESTED BY THIS PROPOSAL

TOTAL \$'S FROM OTHER RESOURCES

C. If applicable, please indicate below the total number of staff positions (including titles) which are included under the "Salaries and Fringes" portion of the Proposed Project Budget. Also please show which positions or percentage of salary that would be reimbursed with CDBG funds.

| Position | Amount of Salary | Percentage Reimbursed with CDBG Funds |
|----------|------------------|---------------------------------------|
|----------|------------------|---------------------------------------|

| Position | Amount of Salary | Percentage Reimbursed with CDBG Funds |
|----------|------------------|---------------------------------------|
|----------|------------------|---------------------------------------|

| Position | Amount of salary | Percentage Reimbursed with CDBG Funds |
|----------|------------------|---------------------------------------|
|----------|------------------|---------------------------------------|

16. COMMITTED FUNDS

Identify sources and amounts of committed funds for current program year for this project. If construction capital project, please identify funds committed in prior fiscal years. *If additional space is required include additional sources in ATTACHMENT L, item 21 (Documentation of committed funds must be submitted with application.)*

| Source | Funding Amount | Budget Line item Covered by Funds |
|--------|----------------|-----------------------------------|
|--------|----------------|-----------------------------------|

Attachment - Documentation of committed funds

| Source | Funding Amount | Budget Line item Covered by Funds |
|--------|----------------|-----------------------------------|
|--------|----------------|-----------------------------------|

Attachment - Documentation of committed funds

| Source | Funding Amount | Budget Line item Covered by Funds |
|--------|----------------|-----------------------------------|
|--------|----------------|-----------------------------------|

Attachment - Documentation of committed funds

List additional match sources if necessary.

17. PROPOSED REVENUE SOURCES

| | |
|------------------------------------|--------|
| <u>CDBG Funding Request Source</u> | Amount |
|------------------------------------|--------|

| | |
|--|--------|
| <u>Applicant's Contribution Source</u> | Amount |
|--|--------|

| | |
|--|--------|
| <u>Other Government Contributions Source</u> | Amount |
|--|--------|

| | |
|---------------------------------|--------|
| <u>Federal Source</u> (specify) | Amount |
|---------------------------------|--------|

| | |
|-------------------------------|--------|
| <u>State Source</u> (specify) | Amount |
|-------------------------------|--------|

| | |
|-------------------------------|--------|
| <u>Local Source</u> (specify) | Amount |
|-------------------------------|--------|

| | |
|---|--------|
| <u>Private Contributions Source</u> (specify) | Amount |
|---|--------|

TOTAL PROJECT REVENUES

18. RECEIPT OF PRIOR CDBG FUNDS

| | |
|-----------------------------|-----|
| Has this project received a | Yes |
| CDBG grant in the past? | No |

Year(s) of award(s) , grant amounts, project assisted. EXAMPLE -- 2013, \$10,000, Project Name . If none - N/A

19. ORGANIZATION INFORMATION

A. Background – Include the length of time the agency has been in operation, date of incorporation, the purpose of the agency and type of corporation.
(2,000 character limit)

B. Describe all services and programs offered. If a license to operate your agency is necessary, attach a copy of the license.
(2,000 character limit)

Attachment

C. Describe the agency's existing staff positions and qualifications.
(2,000 character limit)

D. Do you have a personnel policy manual with an affirmative action plan and grievance procedure?

Yes, please attach a copy
No

Attachment

E. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.
(2,000 character limit)

F. Provide evidence of financial accountability such as a recent audit or annual accounting with balance sheets.

Attachment

NOTE: Audit Requirements – In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$500,000 or more in federal financial assistance in a fiscal year must secure an audit.

20. CONFLICT OF INTEREST QUESTIONNAIRE

A. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to participate in the decision making process for approval of this application?

Yes

No

B. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to gain inside information with regard to approval of this application?

Yes

No

C. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds obtain a financial interest from this activity?

Yes

No

D. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the 2016 program year and one year thereafter?

Yes

No

If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15-day public comment period must be held prior to execution of the Year 2016 grant agreement or release of funds.

21. ATTACHMENTS

Please find below a list of the required attachments that must be submitted with your 2016 Application. To provide these items you must contact AHCDD at **706-821-1797** to establish a **Box.com** account that will be used to transmit your attachments.

A. Articles of Incorporation and Bylaws

Current documents recognized by the State as formally establishing a private corporation, business or agency. (501 (c)(3) documentation)

B. STATE & FEDERAL Tax Exemption Determination Letters

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Board of Directors' authorization to request funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Board of Directors' designated authorized official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organization chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of share responsibility.

G. Job descriptions and resumes for staff positions involved with the proposed activity.

H. Resume of Chief Program Administrator and Chief Fiscal Officer

I. Most recent Audit/financial statement

J. Copy of IRS Form 990 – Return of Organization Exempt from Income Tax

K. Statistical Report for last 12-month period.

L. Documentation of Committed Funds (e.g. award letter, letter from lender, etc., if not attached elsewhere)

M. Financial Policies and Procedures including policies/procedures for (a) managing and tracking cash receipts/disbursements, (b) budgeting, (c) purchasing or procurement, and (d) program income.

N. Minutes from last three (3) Board meetings to include the last resolution meeting.

O. Public facilities documentation/information (See [Community Improvement Program Design](#), Item E)

By checking this box, I certify that the applicant meets the conditions specified in the application guidelines and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

ENSURE ALL REQUIRED DOCUMENTATION IS ATTACHED PRIOR TO SUBMITTING.

Name and Title

Date